PMHA | PRIVATE MENTAL HEALTH ALLIANCE

.

Australian Medical Association

The Royal Australian and New Zealand College of Psychiatrists

Mental Health Consumers and Carers

Australian Private Hospitals Association

Australian Health Insurance Association

Australian Government Department of Health and Ageing

beyondblue: the national depression initiative

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PROGRESS REPORT

PMHA

PMHA's Centralised Data Management Service (PMHA–CDMS)

Private Mental Health Consumer Carer Network (Australia) (the Network)

1 January 2007 – 30 June 2007

FOREWORD

The restructure of the Strategic Planning Group for Private Psychiatric Services (SPGPPS) into a Private Mental Health Alliance (PMHA) took effect from 1 January 2007 under a new *AMA Agreement for Services 2007–2008* (Agreement). The Parties to that Agreement are the Australian Medical Association (AMA), The Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Australian Government Department of Health and Ageing (DoHA), the Australian Private Hospitals Association (APHA), the Australian Health Insurance Association (AHIA), and Beyondblue Ltd. The Agreement was signed by all Parties in February 2007. Copies were circulated to each Party, together with an invoice for each of their respective contributions toward PMHA, its Centralised Data Management Service (PMHA–CDMS), and the Private Mental Health Consumer Carer Network (Australia) (the Network). This is the first six monthly Progress Report for the PMHA, PMHA–CDMS and the Network under the new Agreement.

1. THE PMHA

In accordance with the restructure of the SPGPPS into PMHA, a comprehensive final report on the 2006 activities of the SPGPPS, its CDMS and the National Network of Private Psychiatric Sector Consumers and Carers (now the Network) was completed and circulated widely throughout the private sector in the first half of 2007. The Final Report provided further details on PMHA and was devoted to documenting the completion of the 2004–2006 work programs of the SPGPPS, CDMS and the Network.

The AMA officially closed the SPGPPS Secretariat in Canberra on 31 December 2006 and relocated both the PMHA–CDMS and the Network Secretariat from Canberra to Adelaide. The SPGPPS Finance Committee held one last meeting on 13 March 2007 to finalise the financial affairs of the SPGPPS, its CDMS, and the Network for 2006. On the recommendation of the Finance Committee, the Parties to the *AMA Agreement for Services 2004–2006*, directed that the small surpluses remaining in the SPGPP's CDMS and the Network budgets at the end of 2006 be carried forward into the 2007 budgets for the PMHA–CDMS and the Network respectively.

1.1 PMHA Independent Chair

PMHA Member Organisations (AMA, APHA, AHIA, DoHA and RANZCP) appointed Mr Philip Plummer as the Independent Chair of the PMHA in March 2007. Mr Plummer has an accounting background with experience of considering the views of diverse stakeholders as Chair of the Intellectual Disabilities Services Council. Mr Plummer has agreed to undertake the following in relation to the PMHA.

Strategic Responsibilities

- *Represent the PMHA as a whole at a national level in public and private forums and before public and private bodies.*
- *Keep appraised of the concerns of those who fund, provide and receive private sector mental health services.*

Planning Responsibilities

- *Coordinate the planning of the PMHA activities for the year ahead. In this capacity, the PMHA Chair is responsible for ensuring that an ongoing planning process exists for the PMHA.*

Operational Responsibilities

- *Undertake communications in accordance with the Media Policy of the PMHA.*
- *Oversee the preparation of the agenda and papers for PMHA meetings, prepared by the PMHA Director, and ensure they are approved.*
- *Ensure that, wherever PMHA members are invited or required to attend other industry bodies or forums on behalf of PMHA, that such members are chosen with agreement of all the PMHA Parties.*
- *Preside at PMHA meetings, making sure that they run smoothly.*
- *Work with the PMHA to ensure that there is an equitable share of responsibilities delegated among the PMHA members.*

Monitoring Role

- *Ensure PMHA sub–committees are accountable to PMHA and properly served by PMHA members.*

By the end of June 2007, Mr Plummer had completed a schedule of meetings with all PMHA Member Organisations and gained their individual perspectives on PMHA, PMHA–CDMS, and the Network.

1.2 PMHA Director

The AMA appointed Mr Phillip Taylor as Director for the PMHA, located in an office on the 4th Floor of Federal AMA Headquarters in Canberra. Under the new *AMA Agreement for Services 2007–2008*, the PMHA Director is responsible to the AMA, for the management of the PMHA and oversight of the Schedule of Deliverables for the PMHA and the PMHA–CDMS. The PMHA Director is required to support the activities of the PMHA in accordance with the *PMHA Operating Guidelines*, and to also provide appropriate support to the Network.

1.3 PMHA–CDMS Director

The AMA appointed Mr Allen Morris–Yates as Director for the PMHA–CDMS located in Adelaide. The CDMS Director is responsible for the management, operation and ongoing development of the CDMS. In particular, the Director is required to ensure that the CDMS Services and Deliverables, specified in the Schedule to the *AMA Agreement for Services 2007–2008*, are provided. The CDMS Director is accountable to the PMHA through the PMHA–CDMS Management Committee and the PMHA Director.

1.4 The Network

Under the *AMA Agreement for Services 2007–2008*, the Independent Chair of the Network now performs most of the tasks for the Network previously provided by the SPGPPS Secretariat from a home office in Adelaide. The PMHA Director provides agreed appropriate support for the Network, as defined under point 7 of Item 1.5 below.

1.5 Inaugural PMHA Meeting

The first meeting of the PMHA was held on 20 April 2007 in Melbourne. The major outcomes and follow–up arising from that meeting are set out below.

1. Representatives were appointed to a PMHA Finance Committee and to a PMHA–CDMS Management Committee.

2. Organisational logos for the PMHA, its CDMS and the Network have been agreed (see 1.9 below).

3. Ms Moira Munro has been appointed as PMHA Deputy Chair unopposed.

4. The PMHA Deputy Chair has been appointed as the agreed PMHA Delegate to represent the PMHA at meetings the PMHA Independent Chair is unable to attend.

5. PMHA has appointed the PMHA Director as the alternate PMHA Delegate for those occasions where the PMHA Independent Chair and the PMHA Deputy Chair, are unable to attend meetings representing the PMHA.

6. The review of the *for Determining Benefits for Health Insurance Purposes for Private Hospital Based Mental Health Care* (Guidelines) has been initiated and a Guidelines Review Working Group (GRWG) established to undertake the Review (see 1.8 below).

7. PMHA determined that the PMHA Director is to provide the following support services for the Network.

    a) Supervise financial support for the Network and arrange for the AMA to establish a cash fund in Adelaide of $2,000, from the Network budget, for the Network Chair to access and control for the day–to–day costs associated with Network activities. This task was completed in May 2007.

    b) Print and distribute a hard copy of the agenda and papers for meetings of the Network in consultation with the Network Chair. This task was completed for the meeting of the Network held on 26/27 February 2007 in Melbourne. The next meeting will be held on 13/14 August 2007 in Melbourne.

    c) Maintain the database of Network members contact details at the offices of the Federal AMA in Canberra and, in consultation with the Network Chair, distribute bulk postal and electronic mailings as required from that database.

d) Maintain the Network sub–website on the PMHA website in consultation with the Network Chair.

e) When required, provide advice on the agenda and papers, minutes and follow–up actions for Network meetings, and on the Network submissions and discussion papers.

f) Ensure that Network Members make their travel and accommodation arrangements directly with the AMA Travel Service.

8. A meeting between the Parties to the *AMA Agreement for Services 2007–2008* (All Parties Group) and the PMHA has been arranged for Friday, 9 November 2007 at the offices of the Federal AMA in Canberra. The purpose of the meeting will be to discuss the following.

   a) The conditions under which the future work programs and budgets are to be developed for PMHA, PMHA–CDMS, and the Network.

   b) Areas of concern the Parties want addressed in the development of the future work program and budgets for PMHA, PMHA–CDMS and the Network.

9. The PMHA Chair wrote to the Australian Council on Healthcare Standards indicating that the discussion paper on evaluating the risks of suicide be referred to the PMHA, the Network and to the APHA for consideration and comment.

10. PMHA developed agreed generic text promoting the establishment of the PMHA that can be easily used by each PMHA Member Organisation in their respective media campaigns to promote the PMHA and the role of the private sector in the delivery of mental health services.

1.6 PMHA Finance Committee

The PMHA Finance Committee held its first meeting on 5 June 2007 via teleconference and ratified the PMHA, PMHA–CDMS and Network budgets to 30 April 2007 as tracking well.

1.7 PMHA–CDMS Management Committee

The Management Committee is required to ensure that the CDMS Services and Deliverables specified in this Schedule to the *AMA Agreement for Services 2007–2008* are provided by the CDMS Director. The Management Committee held its first meeting in April and further details of activity overseen by this Committee are provided under the PMHA–CDMS section of this Report.

1.8 The Guidelines Review Working Group (GRWG)

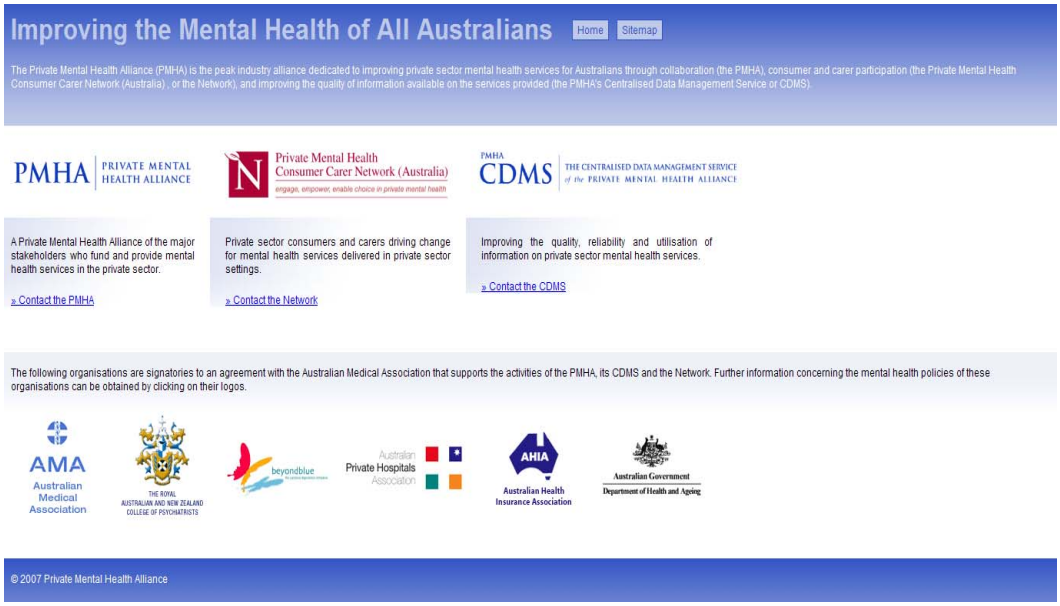
GRWG first met on 18 June 2007 to undertake the review of the *Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–Based Mental Health Care* (Guidelines) for the PMHA. The Guidelines provide guidance for private hospitals and health insurers in the determining of health insurance benefits for private patient hospital–based mental health care.

GRWG considered the Guidelines in relation to the reform of the mental health care system taking place around Australia and the significant revisions that were made to the Guidelines at the end of 2006. GRWG agreed that it would be premature to undertake review of the 2006 Guidelines at present, for several reasons. First, the full impact of the reforms initiated under the *COAG National Action Plan on Mental Health 2006–2011* and Broader Health Cover will not be able to be properly assessed for some time. Second, it is anticipated that the first draft of the revised *National Standards for Mental Health Services* will not be available for review until July 2007, with the second draft available for comment in late September. Third, the first revision of the *National Mental Health Policy* was only recently released for comment and will not finalised until September 2007. On that basis, GRWG agreed that it would be better to direct effort toward promulgating the Guidelines as revised at the end of 2006 and undertake a re–draft of the 2006 Guidelines in early 2008, after the impact of these reforms are better understood. GRWG made some minor amendments to the 2006 Guidelines to acknowledge the current reforms, and to reflect the restructure of the SPGPPS into the PMHA.

GRWG also agreed to approach the AMA and the RANZCP concerning the possibility of their working together with Health Insurers to develop a position statement on the responsibilities of psychiatrists in relation to the ongoing clinical review and assessment process for admitted patients during episodes of overnight, same day and outreach care. GRWG agreed that the position statement should be directed toward ensuring the least restrictive level of care is provided.

1.9 PMHA Website

The domain name pmha.com.au was registered in early 2007 and a substantial revision of the SPGPPS website to a PMHA website has been completed. The new website will enable the PMHA and CDMS Directors to manage the site. The PMHA Director is responsible for the PMHA and Network sub–websites and the PMHA–CDMS Director is responsible for the PMHA–CDMS sub–website.



1.10 Australian Health Minister's Advisory Council (AHMAC) Health Priorities Principal Committee (HPPC), Mental Health Standing Committee (MHSC) (formerly the AHMAC National Mental Health Working Group)

The National Mental Health Working Group was established by AHMAC in 1991 to oversee the implementation of the National Mental Health Strategy, and to provide a forum for cross–jurisdictional information exchange to encourage a consistent approach to the implementation of the National Mental Health Strategy. The Group also provided advice to the Australian Government Minister for Health and Aged Care on expenditure of mental health national project funding. A review of AHMAC committees in 2005–06 resulted in the renaming of the group as the Mental Health Standing Committee (MHSC), which now reports to the HPPC of AHMAC. The PMHA is represented on this peak body and its sub–groups. The PMHA Director, attended the meeting of the MHSC held on 16 February 2007 in Melbourne and the PMHA Deputy Chair attended the 18 May 2007.

1.10.1 MHSC National Mental Health Policy Revision Steering Committee

MHSC established the Policy Revision Steering Committee (the Committee) to revise the existing National Mental Health Policy (Policy) for Australia. Specifically, the Committee is undertaking the following.

1. Revision of the existing National Mental Health Policy to align it with the policy objectives and areas of funding identified by the Council of Australian Governments *National Action Plan on Mental Health 2006–2011*.

2. Updating all sections of the National Mental Health Policy that may be out of date or inconsistent with current policy and practice.

3. Providing a draft revised Policy for consideration by the MHSC by no later than the end of August 2007.

The private sector is represented on the Committee by the PMHA Independent Chair. The first meeting of the Committee was held in Melbourne on 27 March 2007. The PMHA Director attended that meeting. The first draft of the revised Policy was circulated on 7 June 2007 to the members of the Committee for consideration and comment. The revised Policy will be the subject of discussion at the next Steering Committee meeting, scheduled for Tuesday, 10 July 2007. The PMHA Chair will attend that meeting to present any agreed changes to the Policy proposed by the private sector.

1.10.2 MHSC Safety and Quality Partnership Working Group (SQPWG)

The SQPWG is responsible for taking the Australian Government mental health safety and quality agenda forward. While the Australian Commission for Safety and Quality in Health Care (ACSQHC) leads the national effort to improve the safety and quality of health care provision in Australia generally, the SQPWG has a defined focus on safety and quality in mental health care. It is intended that the SQPWG and the ACSQHC work in partnership. The SQPWG brings together key stakeholders in the mental health field, from both the public and the private sectors that are relevant to

implementation of national priorities. The agreed PMHA Delegate on the SQPWG is Dr Bill Pring. Dr Pring attended the meeting of the SQPWG held in Melbourne on 30 March 2007. Current issues arising from the work of the SQPWG that are relevant to the private sector, include the following.

a) *Review of the National Standards for Mental Health Services.* This review is being undertaken for the Australian Government by the Australian Council on Healthcare Standards in a three–stage process. A Steering Committee for the review has been formed and includes the SQPWG's Chair, Dr Peggy Brown, the Chair of the Network, Ms Janne McMahon, and Ms Christine Gee representing the APHA. The review needs to be finalised by mid 2008. The PMHA will be involved in consultations toward the end of this year as part of Stage 2 of the review.

b) *Safety Key Performance Indicator (KPI) Development.* To date, work has focussed primarily on seclusion and restraint, with some limited work on suicide and deliberate self–harm. Work is also underway on indicators for safe transport or adverse medication events.

c) *Seclusion and Restraint***.** As part of a national effort to reduce the use of seclusion and restraint, SQPWG has agreed to the definition of seclusion, which incorporates the essence of the definitions from various jurisdictional definitions, amongst other sources. A similar process will be used to settle an agreed definition for *restraint*.

d) *Safe Transportation***.** A sub–group is developing Safe Transport Principles, which are now with jurisdictions for broader consultation at the local level. Feedback from this process will be incorporated and reconsidered by the SQPWG at its meeting to be held on 20 July 2007. *Timeliness of transfer* will be included as part of this process, as this is a major issue for private hospitals.

e) *Reducing Adverse Medication Events***.** The Reducing Adverse Medication Events Working Group will held its first meeting on 24 April 2007. Dr Pring participated in that meeting.

f) *Reducing Suicide Risk and Deliberate Self Harm in Mental Health Services.* Work to date has focussed on suicide and has involved collating information from across jurisdictions on risk assessment tools and on risk data.

1.10.3 MHSC Mental Health Information Sub–committee (MHISS)

The MHISS provides expert technical advice and recommendations on initiatives to address the information requirements of the National Mental Health Strategy for the Mental Health Standing Committee (MHSC) of the AHMAC Health Priorities Principle Committee. The PMHA Deputy Chair, Ms Moira Munro, represents the private sector on the MHISS and attended the 2 February 2007 meeting in Melbourne, and the 12/13 April meeting in Adelaide.

Currently, there are two major MHISS issues for the private sector.

a) *National Mental Health Intervention Codes.* At its April meeting, MHISS agreed that the codes developed to date have proved to be unworkable at trial and are unable to reflect clearly what actually happens in practice. The future of this Project is currently under consideration by MHISS.

b) *Australian Commission for Safety and Quality in Health Care (ACSQHC).* The work of ACSQHC has serious implications for the private mental health sector on a range of important issues including accreditation. The PMHA Independent Chair has invited the Chair of ACSQHC, Mr Bill Beerworth, to meet with the PMHA and discuss the national efforts of ACSQHC to improve the safety and quality of health care provision in Australia.

1.11 PMHA Work Plan 2007-2008

Table 1 below sets out the *PMHA Priorities and Work Plan 2007–2008* with a column included to identify current status as at 30 June 2007.

Table 1: PMHA Priorities and Work Plan 2007–2008

PMHA WORK PLAN AREAS	PRIORITY	ACTION/MEASURE	TIME FRAME	TO BE DONE BY	STATUS 30 JUNE 2007
REPRESENTATION AND PROMOTION OF THE PRIVATE MENTAL HEALTH SECTOR	1 A coherent position when representing the private mental health sector.	The PMHA Chair, or in their absence, a PMHA agreed delegate, are bound to provide the position of the PMHA and all its Parties as a whole. Where this conflicts with the position held by any individual Party, then the PMHA may not represent Parties. Where the Parties are unable to formulate an agreed PMHA position, the Parties cannot speak on the matter as representatives of the PMHA.	At all times	PMHA Chair	Done
		The Chair, or in their absence a PMHA agreed delegate, takes a pro–active role in representing a consolidated private sector position and ensures that relevant input is provided into key forums and meetings.	At all times	PMHA Chair	Done
	2 Active engagement with key national bodies involved in mental health.	Participation on the AHMAC Mental Health Standing Committee.	2007–08	PMHA Chair	Secured
		Representation for the private sector through the PMHA in the work on *Broader Health Cover* including the development of uniform quality and safety provisions.	*2007–08*	PMHA Chair	Pending
		Maintain a watching brief on the measures being developed by the *Council of Australian Governments (COAG) National Action Plan on Mental Health 2006–2011* and consider the implications for the private sector. Seek to provide representation for the PMHA.	*2007–08*	PMHA	Ongoing

Table 1: PMHA Priorities and Work Plan 2007–2008 (continued)

PMHA WORK PLAN AREAS	PRIORITY	ACTION/MEASURE	TIME FRAME	TO BE DONE BY	STATUS JULY 2007
CARE FOCUS	3 Ensure participation of the private sector in all National mental health committees, reviews, and activities	Active involvement and input into consultation and implementation in the review of the *National Standards for Mental Health Services* (NSMHS).	2007–08	PMHA and Parties	Underway
		Review the Guidelines for Determing Benefits for Health Insurance Purposes for Private Patient Hospital–based Mental Health Care	Annually	PMHA	Done for 2007 Review early 2008
PMHA CENTRALISED DATA MANAGEMENT SERVICE (CDMS)	4 Ensure that the PMHA Centralised Data Management Services (CDMS) is the mechanism for monitoring and accountability and change under the governance of the PMHA.	Ongoing delivery of products and services noted under 'Indicative Budget Estimate for CDMS Activity'.	2007–08	Director CDMS	On Schedule
		Delivery of enhancements of CDMS reports.	2007–08	Director CDMS	Underway
		Review of the CDMS reports.	2007–08	PMHA	Underway
		Ensure ongoing improvement in the quality of data collection, analysis and reporting by the CDMS.	2007–08	PMHA–MC	Underway
		Ensure the wide dissemination of information from the CDMS to highlight the achievements and work undertaken by the sector, including demonstrating the differences between the private and public sectors.	2007	PMHA	Underway
WORK PROGRAM AND BUDGET	5 Develop a proposed work program and budget negotiated with all Parties to the *AMA Agreement for Services 2007–2008* at least 6 months prior to the end of this Agreement.	Conduct *All Parties Group* meeting with PMHA at the end of 2007 to discuss: ▪ The conditions under which the future work programs and budgets are to be developed for PMHA, CDMS and N_N. ▪ Flag areas of concern that Parties want addressed in the development of the future work program and budgets for PMHA, CDMS and N_N.	Completed by December 2007	All Parties Group and PMHA	To be Held Friday 9 November 2007

1.12 PMHA Income and Expenditure

Table 2 below, sets out the PMHA Income and Expenditure from 1 January 2007 until 30 June 2007. The Table has been prepared on a cash basis.

Table 2: Income and Expenditure 1 January 2007 to 30 June 2007

PMHA INCOME	**Stakeholder Contributions**		
Australian Medical Association	$25,522		
The Royal Australian & New Zealand College of Psychiatrists	$25,522		
Australian Private Hospitals Association	$25,522		
Australian Health Insurance Association	$25,522		
Australian Government Department of Health and Ageing	$29,522		
TOTAL	**$131,610**		
PMHA EXPENDITURE	**Budget**	**Actual Expenditure**	**Balance**
Staffing	$87,049	$82,850	$4,199
Equipment and Other Infrastructure	$4,463	$6,158	-$1,695
Recurrent Office Infrastructure	$13,538	$14,830	-$1,292
Meetings of PMHA Face–to–Face	$6,258	$2,675	$3,583
Working Groups	$1,388	$140	$1,248
Other Meetings (MHSC and SQPWG)	$3,313	$4,322	-$1,009
Total before AMA Administration charge	$116,010	$110,976	$5,033
AMA Administration Charge of 10%	$11,601	$11,601	$0
TOTAL	**$127,611**	**$122,577**	**$5,033**
	Total PMHA Funds Remaining	***$9,033***	

All PMHA expenditure has been made in accordance with the terms and conditions of the *AMA Agreement for Services 2007–2008* and the funds remaining have been carried forward into the PMHA Budget for the Financial Year 1 July 2007 to 30 June 2008.

Mr Phillip Taylor
Director
PMHA

Mr Phil Plummer
Independent Chair
PMHA

2. The PMHA–CDMS

Since June 2001, the operation of what is now the PMHA's Centralised Data Management Service (CDMS) has been overseen by the AMA under a series of Agreements for the provision of services and operation of the CDMS with its funders – the APHA, the AHIA and DoHA. In this matter, the APHA acts on behalf of all participating private hospitals with psychiatric beds (Hospitals), regardless of whether or not they are members of the APHA. Similarly, the AHIA acts on behalf of all participating private health insurers (Health Insurers) that pay benefits for private hospital-based psychiatric care, and DoHA acts on behalf of other Australian Government Departments that pay such benefits.

Under the current *AMA Agreement for Services 2007–2008*, the CDMS is required to assist participating Hospitals with their implementation of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based, Psychiatric Services* (hereafter National Model) and to provide Hospitals and Health Insurers with a data management service that routinely prepares and distributes Standard Quarterly Reports based on data submitted to the CDMS by participating Hospitals.

2.1 Preparation and Provision of Standard Quarterly Reports by the CDMS

The Standard Quarterly Reports (SQRs) for the 2nd quarter and the 3rd quarter of the 2006–07 financial year were prepared in electronic PDF format and distributed to both Hospitals and Health Insurers within the agreed time–frame of 13 weeks post end–of–quarter. The content and format of the SQRs remained unchanged from that being delivered in 2006.

In accordance with both Hospitals and Health Insurers requirements, during the first half of 2007 an additional reporting mechanism was developed. Beginning with the reports distributed at the end of March 2007, all statistics pertaining to episodes of Psychiatric Inpatient Care were also provided in the form of an XML data file. Information provided in this format may be imported into spreadsheet, database and other applications, providing users with a range of alternative means of analysing and displaying the information previously available only in the fixed, relatively inaccessible format of PDF and hard–copy reports.

Activities associated with the preparation and distribution of the SQRs, including the development of the new XML data extracts, constituted approximately 55% of CDMS activity in the period January–June 2007.

2.2 Re–development of the CDMS Data Warehouse

In accordance with the agreed work plan, re–development of the CDMS Data Warehouse will be the primary focus of CDMS activity during the 2007–08 financial year. The objective of this work is to provide a stable and secure platform for the onging development of the CDMS Reports and Services into the future. Preliminary work to date has focussed on the design of the new warehouse data structures, research into alternative frameworks for the analysis and presentation of data, and familiarisation with the software being used in the re–development, MS SQL Server 2005.

Activities associated with this work constituted approximately 10% of CDMS activity in the period January–June 2007.

2.3 Update HSMdb and Hospitals' Manuals

The preparation of substantially revised versions of the "Guide for Hospital Staff" and the "Hospital Staff Trainer's Manual" began in May 2007. The new manuals include significant enhancements to the guidance material regarding the use of the HoNOS. The new manuals and associated ancilliary material will be made available to participating Hospitals in August 2007.

Activities associated with this work constituted approximately 15% of CDMS activity in the period January–June 2007.

2.4 Other work undertaken by the CDMS

Other work undertaken by the CDMS during the period January–June 2007 included:

- participation in meetings and teleconferences of the PMHA;
- provision of technical support to participating Hospitals and Health Insurers;
- consultation and liaison with representatives of both Hospitals and Health Insurers;
- maintenance of the CDMS's information technology infrastructure; and
- other general administrative tasks associated with the operation of the CDMS.

2.5 PMHA–CDMS Income and Expenditure

Table 3 below, sets out the PMHA–CDMS Income and Expenditure from 1 January 2007 until 30 June 2007. The Table has been prepared on a cash basis.

Table 3: PMHA–CDMS Income and Expenditure 1 January 2007 to 30 June 2007

PMHA–CDMS INCOME	**STAKEHOLDER CONTRIBUTIONS**		
Australian Private Hospitals Association	$34,659		
Australian Health Insurance Association	$34,659		
Australian Govt Department of Health and Ageing	$34,659		
Transfer CDMS Balance From 2006	$45		
TOTAL	**$104,022**		
PMHA–CDMS EXPENDITURE	**Budget**	**Actual Expenditure**	**Balance**
Staffing	$50,857	$46,707	$4,150
Infrastructure	$24,457	$18,848	$5,609
Recurrent and Other Expenses	$7,686	$4,869	$2,817
Attendance at PMHA and other stakeholder's meetings	$6,193	$1,895	$4,298
Workshops	$5,331	$0	$5,331
Total before AMA Administration charge	$94,524	$72,318	$22,206
AMA Administration Charge of 10%	$9,452	$9,452	$0
TOTAL	**$103,976**	**$81,770**	**$22,206**
Total CDMS Funds Remaining		***$22,252***	

All PMHA–CDMS expenditure has been made in accordance with the terms and conditions of the *AMA Agreement for Services 2007–2008* and the funds remaining have been carried forward into the PMHA Budget for the Financial Year 1 July 2007 to 30 June 2008.

Mr Allen Morris–Yates
Director
PMHA–CDMS

Dr Bill Pring
Chair
PMHA–CDMS Management Committee

3. THE NETWORK

In 2007 the AMA, RANZCP, APHA, AHIA DoHA and Beyondblue Ltd continued their support for the activities of the Private Mental Health Consumer Carer Network (Australia), (previously the National Network of Private Psychiatric Sector Consumers and Carers) under the new *AMA Agreement for Services 2007–2008*. Under that Agreement the Chair of the Network now performs most of the tasks for the Network previously provided by the SPGPPS Secretariat, with appropriate support provided by the PMHA Director. Accordingly, the National Secretariat of the Network is now located at the home office of the Chair, Ms Janne McMahon, in Adelaide.

In the first half of 2007, the Network continued to provide representation for Australians who receive treatment and care within the Australian private health sector for their mental illnesses or disorders. At the end of 2006, the Network had successfully strengthened consumer and carer representation and participation in private hospital–based settings and improved the functioning of the Network's State and Territory–based committees.

The important role of carers has been strengthened and the Network's relationships with key stakeholders are firmly established. The Network remains dedicated to effective consumer and carer participation as the driving force in all elements of change in private sector mental health services.

At the end of June 2007 the Network representative structure was as follows.

1.	Ms Janne McMahon	Chair and SPGPPS Consumer Representative
2.	Ms Ruth Carson	SPGPPS Carer Representative
3.	Ms Julie Hutson	Queensland
4.	Ms Alvina Hill	New South Wales
5.	Mr Wayne Chamley	Victoria
6.	Mr Trevor Bester	Tasmania
7.	Mr John Kincaid	South Australia
8.	Mr Patrick Hardwick	Western Australia

3.1 Meetings of the Network and its State–based Committees in 2007

The Network held its 14th face–to–face meeting in the first half of 2007 on 26/27 February at the Headquarters of the RANZCP in Melbourne.

All the above representatives were in attendance with the exception of Mr Wayne Chamley who was an apology for the meeting.

The invited guest for this meeting was ***Ms Sue Bradshaw,*** Better Health Program Manager, Health Development Unit, Medibank Private. Sue provided an address on the pilot of the model of case management developed by McKesson Asia–Pacific for their members under Medibank Private's Better Health Program.

An indication of the range of other issues the Network dealt with is provided in Table 4 below.

Table 4: National Network Meeting Agenda Items for First Half 2007

AGENDA ITEMS	14th Meeting
Procedural Matters	
Opening/Welcome/Apologies/Alternates/Guests	✓
Adoption of the Report of the last National Network Meeting	✓
Progress Report and Out of Session Decisions	✓
Discussion Items	
SPGPPS/PMHA changes and implications for the Network	✓
National Standards for Mental Health Services	✓
Case Management in the Private Sector (Ms Sue Bradshaw – Medibank Private)	✓
Identifying the Carer Project	✓
Renaming the National Network with the addition of 'Australia' to Network's title	✓
State Committees of the Network – Administrative support of the Chair	✓
Nomination Process for National Committees	✓
Analysis of Network's membership	✓
Workshop Achievements of the Network to date Strengths and weaknesses of the Network to date	 ✓ ✓
Work Plan of the Network until 30th June 2008	✓
Standing Items	
National Network State Committee Reports	✓
National Consumer and Carer Forum (NCCF) Report	✓
Mental Health Council of Australia (MHCA) Report	✓
Victorian Consumer/Carer Perceptions of Care Working Group	✓

Table 5 below sets out the State–based Committee meetings that took place in the first half of 2007

Table 5: State–based Committee Meetings 2007 First Half 2007

Meeting	Date	Venue
Western Australia	To be held August 2007	Perth Clinic
New South Wales	16 March 2007	Lingard Private Hospital, Newcastle
Queensland	23 May, 2007	New Farm Clinic
South Australia	To be held 9 August 2007	Adelaide Clinic
Victoria	21 May, 2007	Melbourne Clinic

3.2 Network Representation on Other Organisations

Table 6 below identifies Network representation at the meetings of other groups.

Table 6: National Network Representation at Other Meetings First Half 2007

Organisations or Group Meeting	Meeting Date	Representative(s)
Review of the National Standards for Mental Health Services (NSMHS) ACHS Steering Committee	20 November 2006 12 December 2006 1&2 May 2007 14 March 2007 15 June 2007	Ms Janne McMahon
NSMHS Review Project Management Group	08 January 2007 09 January 2007 11 January 2007 16 January 2007 19 March 2007	Ms Janne McMahon
NSMHS Review Teleconference consultations	18 January 2007 19.January 2007 25 January 2007 29 January 2007 30 January 2007 01 February 2007	Ms Janne McMahon
NSMHS Review Working Groups	18 May 2007 15 June 2007 26 June 2007 26 June 2007 28 June 2007	Ms Janne McMahon
APHA Psychiatric Sub–committee	15 March 2007 13 June 2007	Ms Janne McMahon
APHA Queensland	19 April 2007 10 July 2007	Ms Julie Hutson
Carers Network	17 May 2007	Mrs Ruth Carson
Mental Health Council of Australia	22 Feb 2007 23 April 2007 13/14 June 2007	Mr Wayne Chamley
National Mental Health Consumer and Carer Forum	7 March 2007 4 April 2007 18/19 April 2007 20 June 2007 27 June 2007	Ms Ruth Carson
Victorian Experiences of Care Project	14 February 2007	Mrs Ruth Carson

3.3 Private Mental Health Alliance (PMHA)

The Chair of the Network, Ms Janne McMahon, and the PMHA Carer Representative, Ms Ruth Carson, attended one meeting of the PMHA on 20 April 2007.

3.4 PMHA–CDMS Management Committee

The Chair of the Network, Ms Janne McMahon, attended the first meeting of the PMHA–CDMS Management Committee on 19 April, 2007

3.5 Australian Private Hospitals Association (APHA) Psychiatry Sub–committee

In 2004, the Chair of the Network was appointed as a permanent representative with observer status on the APHA Psychiatry Sub–committee. The Chair has attended two of the Sub–committee meetings thus far in 2007.

3.6 Queensland Private Hospitals Association

Ms Julie Hutson, Queensland State Coordinator, was appointed as a permanent representative with observer status on the Queensland APHA Committee and attended two meetings thus far in 2007.

3.7 National Mental Health Consumer and Carer Forum

The *National Mental Health Consumer and Carer Forum* (NMHCCF) sits under the auspices of the Mental Health Council of Australia (MHCA), which have been commissioned by the Australian Health Ministers Advisory Council's, National Mental Health Working Group to provide the infrastructure and support for consumer and carer issues to be raised nationally. These issues are then progressed through the MHCA. Ms Ruth Carson represents the Network on the NMHCCF and holds the position of Carer Co–Chair.

3.8 Mental Health Council of Australia (MHCA)

Mr Wayne Chamley represents the Network's on the board of the MHCA. Mr Chamley attended two meetings of the MHCA in 2007 and two teleconferences.

3.9 Victorian Consumer/Carer Experiences of Care

Ms Ruth Carson represents the Network on the Working Group and has attended one one meeting thus far in 2007.

3.10 National Network Newsletters 2007

The National Network distributed one newsletters in 2007, which contained the following articles.

Volume 7 and 8 June 2007

1. Identifying the Carer Project
2. Healthy Food Healthy Mind
3. Australian Commission on Safety and Quality in Health Care – Discussion Paper on National Standards and Accreditation Standards

3.11 Identifying the Carer Project

A major focus over the last two years has been on issues relating to Carers. This focus has seen the Network submit a project proposal and receive funding via a contract between the DoHA and the AMA signed in June 2007 to enable the Network to conduct a short term, specifically focussed project titled *Identifying the Carer Project* with completion by 30 September 2007.

The Project Manager is the Chair of the Network Ms Janne McMahon, the Project Assistant is Ms Ruth Carson, and the Project Officer is Mrs Judy Hardy. The Project required national consultations with both private and public mental health services, carers, carer organisations, consumers and service providers. Workshops have been held in Adelaide, Brisbane, Perth and Darwin with other jurisdictions being consulted via teleconference.

During the course of the Identifying the Carer Project, the Project Manager has been able to call upon her own and the Network's considerable established contacts both private and public throughout Australia to engage the State and Territory Directors of Mental Health, Chief Executives of Private Hospitals with mental health beds, key carer participants, key non government organizations, run successful workshops and obtain invaluable information to inform the Project. The Project is progressing well and on budget.

3.12 Expansion of membership of State Committees

It has been thought that to make certain state committees in the smaller states more representative, expansion to include a broader membership than the current consumer and carer advisory group might be required. It was decided that specific actions are required in certain states to make this representation more robust. South Australia is engaging a consumer from the Network's membership base who sees a private psychiatrist, but who receives treatment and care from public sector services.

3.13 Network Work Plan for 2007–2008

The Work Plan of the Network appears as Table 7 on the following page. Shaded areas represent actions, which have been completed to date.

Table 7: Network Work Plan 2007–2008

N_N WORK PLAN	PRIORITY	ACTION	TIME FRAME	TO BE DONE BY
IMPROVE PARTICPATION FOR PRIVATE MENTAL HEALTH CONSUMERS AND CARERS	1 Actively engage with key private and public sector bodies involved in mental health.	Participation on the Mental Health Council of Australia	Ongoing	Nominated N_N Member
		Participation on the National MH Consumer and Carer Forum.	Ongoing	N_N CARER
		Participation on the APHA Psychiatric Sub–committee.	Ongoing	N_N Chair
		Participation on the PMHA.	Ongoing	N_N Chair
	2 Expand N_N membership	Continue raising awareness of N_N through one additional Newsletter to 3 per year	2007	N_N Chair
		Re–distribute promotional brochure to private hospitals.	Mar 2007	N_N Chair
		Stand at the THEMHS Conference 2007	2007	N_N Chair
	3 Expand N_N State–based Committees to improve engagement of current membership	Email N_N members with invitation to nominate State–based NN Committees.	Mar 2007	Have done so in S.A.
		Establish data–base of N_N Members areas of expertise.	Dec 2007	N_N Chair
	4 Improve the focus on carers	Look at ways in which carers can be more included in admission and discharge processes and private psychiatrists practices.	Apr 2007	N_N
		Support possible project to look at barriers, practicalities and best practice in ascertaining the carer.	Jun 2007	N_N
PARTICPATION IN DRIVING CHANGES IN MENTAL HEALTH POLICY	5 Participate in the formulation, development and implementation of mental health policy	Undertake analysis of mental health policy issues from the consumer and carer perspectives and advise the PMHA Consumer and Carer representatives of the Consumer and Carer Position.	Ongoing	N_N
		Active involvement and input into consultation and implementation in the review of the *National Standards for Mental Health Services* (NSMHS).	2007–08	N_N
		Participate in the Review of *Guidelines For Determining Benefits For Health Insurance Purposes For Private Patient Hospital Based Mental Health Care*.	Annually	N_N
QUALITY AND SAFETY	6 Improve the utilisation of the HoNOS and MHQ–14 by consumers and carers	Explore ways in which information can be used to allow consumers to track their progress over a period of time in the private hospital–based setting and to influence most appropriate care.	Sep 2007	N_N
TRAINING	7 To train consumers and carers to be better able to undertake their advocacy in private hospitals.	Engage with the *Australian Mental Health Consumers Network* to look at a possible joint project to undertake training and skills development.	Jun 2007	N_N Chair
		Look at possibility of developing a "training booklet" addressing key areas identified by the T*raining Needs Analysis* undertaken by the N_N during 2006.	Dec 2007	N_N
PROMOTION	8 Promotion of the Network	Undertake enquiries/activities relating to the establishment of a separate website/page for the Network with a direct link to the formal PMHA website	June 2007	N Chair
		Explore further opportunities (commercial or otherwise) to promote the Network and the activities associated with private mental health	ongoing	Nn

3.14 Network Income and Expenditure as at 30 June 2007

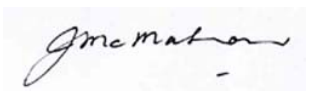
Table 8 below, sets out Network Income and Expenditure at 30 June 2007. The Table has been prepared on a cash basis. All expenditure has been made in accordance with the *AMA Agreement for Services 2004–2006* terms and conditions.

Table 8: Statement of Income and Expenditure Financial Year 1 January 2007 to 30 June 2007

NETWORK INCOME	**Stakeholder Contribution**		
Australian Medical Association	$4,339		
The Royal Australian & New Zealand College of Psychiatrists	$4,339		
Australian Private Hospitals Association	$4,339		
Australian Health Insurance Association	$4,339		
Australian Government Department of Health and Ageing	$4,339		
Beyondblue Ltd.	$4,339		
Transfer of Network Balance from 2006	***$537***		
TOTAL	**$26,571**		
NETWORK EXPENDITURE	**Budget**	**Actual Expenditure**	**Balance**
Staffing	$6,942	$7,000	-$58
Face–to–Face Meetings of The Network	$17,193	$16,201	$992
Attendance of Network Representative at Other Meetings	$1,898	$642	$1,256
TOTAL	**$26,033**	$23,843	$2,190
Total Network Funds Remaining		***$2,729***	

All Network expenditure has been made in accordance with the terms and conditions of the *AMA Agreement for Services 2007–2008* and the funds remaining have been carried forward into the PMHA Budget for the Financial Year 1 July 2007 to 30 June 2008.

The Network continues to work hard to represent consumers and family carers of people who receive their treatment and care from private sector settings.



Ms Janne McMahon
Independent Chair
The Network